## 2001 MICHIGAN Single Business Tax Notice of No SBT Return Required

This form is issued under authority of P.A. 228 of 1975. See instruction booklet for filing guidelines.

	Th	is form can now be filed on	he Internet. S	ee the M	lichigan Depart	ment of Treasu	ry Web Site at	: www.tı	reasury.state.mi.us	1	
<b>1</b>		s notice is for calendar y		or the fo	ollowing tax ye	ar					
		Beginning Date month year	Ending Date month	year							
	Name (including DBA), Address, City, State, ZIP						▶ 3 Federal Employer ID No. (FEIN) or TR No.				
4	4 Enter your gross receipts.  Tax periods less than 12 months must be annualized, see instructions.										
	If the business is taxable in another state, use apportioned gross receipts										
	an	d attach Form C-8000H						4			
5	Enter your recapture of capital acquisition deduction, and attach Form C-8000D							5			
6	Adjusted Gross Receipts. Add lines 4 and 5							<b>&gt;</b> 6			
7	Enter your business income for the taxable year							> 7			
8 Check this box if your adjusted gross receipts, on line 6, are less than \$250,000 <b>and</b> you expect this situation to continue or if your business discontinued. If you check this box, we will make your SBT account inactive. If your gross receipts plus recapture are \$250,000 or more, you must file an SBT Annual Return (Form C-8000 or C-8044) even if you owe no tax											
9	Check this box if you DO NOT need a book mailed to you							▶9 [			
If the amount on line 6 is \$250,000 or more, you must file an annual return.											
SIG	NA	TURE, DECLARATION ANI	AUTHORIZA	ATION							
TAXPAYER'S DECLARATION  I declare under penalty of perjury that this C-8030 is true						PREPARER'S DECLARATION  I declare under penalty of perjury that this C-8030 is based on all information					
and correct to the best of my knowledge.						of which I have an	ny knowledge.	at tills C-00	Date	UII	
l au	thoriz	ze Treasury to discuss my return wit	n my preparer.	Yes	No	Freparer's Signal	uie		Date		
Taxpayer's Signature Date						Preparer's Name	Printed				
Тахра	Taxpayer's Name Printed						s, Phone and Iden	tification Nu	umber		
Title											
						<u>i</u>					

Attach all applicable schedules and

mail to:

Michigan Department of Treasury P.O. Box 30059

Lansing, MI 48909

Corporations: Attach a copy of your U.S. 1120, 1120A, or

1120S, pages 1 - 4. If you file as part of a consolidated federal return, attach a proforma or consolidated schedule.

Individuals & Fiduciaries: Attach copies of U.S. 1040, Schedule C, C-EZ, D and E and 4797.

Partnerships: Attach copies of U.S. 1065, pages 1 - 4 and 8825.

Limited Liability Companies: Attach appropriate schedules shown above based on federal

return filed.

